

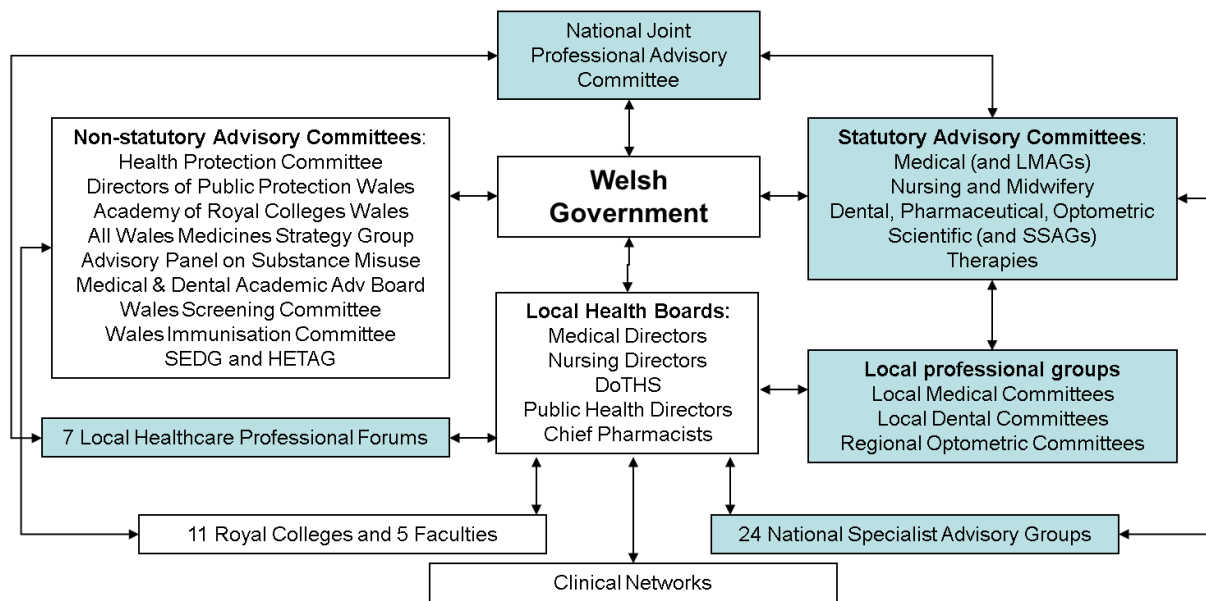
# Advisory Structure Review: call for evidence

Questionnaire for a **chair or member of an existing** advisory group

## Introduction

The Minister for Health and Social Services has asked the Chief Medical Officer to review the health advisory structure; this includes the groups highlighted in the diagram below.

## Wales only advisory bodies



The review will consider:

- The Welsh Government's requirements for clinical professional advice
- NHS Wales' requirements for clinical professional advice
- Overlap and duplication between the different advisory groups
- Cost effectiveness and resource implications
- Flexibility of the model to support changing drivers, utilise new ways of working and drive forward service improvement and delivery plans
- Identifying, recruiting, developing and utilising clinical leaders
- Creating greater synergy by developing a joint NHS and WG advisory structure
- A cost-benefit and risk analysis of reforming the current structure

The first phase of the review is a three month call for evidence between January and April 2014. Please submit your response to the [OCMO Mailbox](#) by 1<sup>st</sup> April. Entries after this date may not be considered. Once the evidence has been reviewed, a summary report will be published.

## **Your evidence about the advisory structure**

If you could design a new advisory system for the Welsh Government and NHS Wales, what would it look like? Please draw your structure (you can attach a separate file if you wish), describe its form and function, and the reasons it would be an improvement on the current system.

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Do you think there is overlap or duplication in the existing advisory structure? Please explain your answer.

Not in Dentistry specifically since the Welsh Dental Committee advises Welsh Government and the Local Dental Committees advise the relevant Health Boards

What are the major strengths of the current structure?

The wide ranging advice available both at WG and HB levels

What are the major failings of the current structure?

Although advice to WG is multidisciplinary the advice from HBs to GDPs occurs through the LDC as a statutory body. In the ABMUHB area we attempt to overcome this by the existence of multidisciplinary bodies giving advice to the HB.

Can you see gaps in the current structure?

LDCs do not have a formal relationship with patient groups such as community health councils but we do engage through liaison meetings with the LHB.

How do you think clinicians should engage with the Welsh Government?

Limited channels through authoritative groups with robust membership and where appropriate speciality specific sub groups.

How do you think clinicians should engage with NHS management and Boards?

Through clinical leadership which has the confidence of clinicians and is seen to be clinically not managerially driven, and through the LDCs.

### **Your evidence about your group**

What is the main contribution of your group?

LDCs advise LHBs mainly on matters relating to the GDS and PDS and we do so both proactively and reactively.  
The LDCs send representatives to WDC and so have influence at that level and in the ABMUHB area take Hospital and Community staff views into consideration through local networks.

How does your group support Government or NHS strategies and action plans?

We always respond to requests for advice and to consultations.  
We give advice on issues from LDC's, WDC and other advisory bodies whom we consider relevant and appropriate.  
We also monitor local action plans developed by the LHB.

What is your group's unique factor compared to other advisory groups?

We represent all dentists in General Dental Practice in the ABMUHB area. As an LDC we are excellent value for money in that we are financially supported by the dentists we represent and do not draw financial support from WG.

How do you identify, recruit, develop and utilise clinical leaders?

We increased our membership from 20 to 25 in 2013 with proportionate representation from the 3 localities. We also have HDS, CDS and PHW co-opted members, together with representatives from local interest groups (e.g. BDA, Local Orthodontic Committee). Meetings are open to all GDP and specialist performers in the area.

How engaged are your members and why?

Engagement is very positive since the members appreciate the statutory nature of the LDC and its ability to give good advice to both HB and colleagues. We send representatives to WDC, BDA Welsh General Dental Practice Committee, BDA General Dental Practice Committee (representing SW Wales) and local strategic committees and managed clinical networks, all of whom report back to the LDC. Also represented on the LDC/LHB Liaison Group which deals with local GDP issues.

Can you estimate the resource implications of sustaining your group? For instance, estimate: the number of meetings a year / the number of members / the number of hours a quarter that a member will spend preparing, travelling and attending your group.

6 meetings every year, say 4 hours per meeting per member, preparation and meeting time, that's 600 hours, plus chair and secretary say 15 hours per week each times 40 weeks = 1200 hours. All this is financed through levy on practitioners, no contribution from WG or LHB.

What have you produced, or contributed to, as a group in the past year?

1. Contribution to National Oral Health Action Plan - Local Plan.
2. Contribution to LHB 24 hour Retirement Policy.
3. Development of LDC Website.
4. Contributed to input into strategic planning group and managed clinical networks.
5. Considerable advice to colleagues on performance issues.

What service improvement has your group led?

Led on, and contributed to all aspects of previous question. The LDC was central to the setting up of Port Talbot Resource Centre as an educational centre and the Dental Services Strategic Planning Group of ABMUHB and its associated MCNs.

Where has your group demonstrated clinical leadership?

See previous answer.

What is the influence or standing of your group in your service or profession?

Recognised as the source of advice dental matters at the HB and as a source of professional advice on all aspects of their contracts by the dentists in general practice in the area. The LDC also offers support to those GDP's who find themselves in personal or professional difficulty.

Are there any other comments you wish to make?

Unlike in Medicine and Surgery where advice comes from many and varied bodies, the LDC and the WDC are the only sources of authoritative professional dental advice to the Health Boards and WG.

**In order that we may contact you for further information, please provide the following details.**

What is your name and day-to-day professional role?

Roger Pratley, p/t GDP Rhain Paul, p/t GDP

What is your group and what position do you hold?

Morgannwg LDC, Secretary and Chair

What is the best way for us to contact you should we need to?

Roger Pratley by email, roger@rdsp.fsnet.co.uk

If you or your partner are a shareholder in, or are paid by, any private or third sector organisation mentioned in your evidence, please declare the nature of that interest. For example: 'I hold shares in company x' or 'I am executive director of society x'.

N/A